



DUAVEE PA SUMMARY

Preferred Medications	Non-Preferred Medications
<u>Preferred Estrogens:</u> Enjuvia Estradiol Menest Premarin	<u>Non-Preferred Estrogen/SERM Combinations:</u> Duavee - PA required
<u>Preferred Estrogen/Progestin Combinations:</u> Angeliq Femhrt Jinteli generic Prefest Premphase Prempo	<u>Non-Preferred Estrogens:</u> Cenestin - PA not required
<u>Preferred Selective Estrogen Receptor Modulator (SERMs):</u> Evista	<u>Non-Preferred Estrogen/Progestin Combinations:</u> Activella - PA not required Estradiol-norethindrone generic – PA required

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for the prevention of postmenopausal osteoporosis in women with an intact uterus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Evista AND the preferred bisphosphonate, alendronate generic (Fosamax)
- ❖ Approvable for the treatment of moderate to severe vasomotor symptoms associated with menopause in women with an intact uterus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred estrogen or estrogen/progestin products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.



QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.